

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency

Room 3416, 700 West Capitol Avenue

Little Rock, Arkansas 72201

AR NOTICE PM-463

For: All FSA County Offices

Leave Transfer Program

Approved by: State Executive Director



1 Overview

A Purpose

The purpose of this notice is to transmit information regarding out-of-state Leave Transfer Recipients.

B Contact

If you need additional information or need help, please contact Barbara Dehnert at (501) 301-3019 or email Barbara.Dehnert@ar.usda.gov

2 Action

A County Office Action

Post the information on the bulletin board or other prominent place in the office. Please note there are two CO Leave Share Recipients.

B Donor Action

The donor shall:

- complete AD-1043 to donate leave
- provide AD-1043 to First Line Supervisor (normal leave Approving Official) for approval.

Note: GS employees cannot donate to CO employees and vice versa.

Disposal Date

November 27, 2003

05-28-03

Distribution

All Offices

C Timekeeper

The timekeeper shall:

- forward AD-1043 to person listed in original notice
- provide copy of AD-1043 to donor's T&A clerk
- provide copy of AD-1043 to Administrative Division, Attn: Barbara Dehnert.



United States
Department of
Agriculture

May 27, 2003

Farm and Foreign
Agricultural
Services

Farm Service
Agency

New Jersey State
FSA Office
Marjorie
Professional Plaza
163 Route 130,
Bldg. 2, Suite E
Bordentown, NJ
08605-2248

Tel: (609) 288-3445
FAX: (609) 288-8780

TO: Doug Frago
DAFO

FROM: Paul Hlubik, NJ SED

SUBJECT: Leave Share Recipient - Stephanie Moore, NJ-CO-03-002

Henri O'Keefe Paul Hlubik

The subject employee is currently an approved leave recipient under the Leave Transfer Program.

Ms. Moore's husband has been diagnosed with Stage 4 melanoma that has spread throughout his body and is in a terminal stage. Ms. Moore has exhausted her annual leave and requests leave donations at this time to assist her in the care of her husband.

We wish to assist Ms. Moore by providing this information to the FSA county employees in every state. Please forward this memorandum along with the attached AD-1043 to all offices across the county.

Your assistance in this matter will be greatly appreciated.

REPRODUCE LOCALLY. Include form number and date on reproductions.

FOR PERSONNEL USE ONLY:
CASE NUMBER:

LEAVE TRANSFER PROGRAM - RECIPIENT APPLICATION

INSTRUCTIONS: Use this form to apply to be a leave recipient under P.L. 100-686. Attach to this form a brief description of the nature and severity of the medical emergency and appropriate documentation of the medical emergency: a physician's certificate, the medical prognosis and anticipated duration of the condition. After completing this form, forward through your supervisor to the office in your agency designated to approve leave recipients. If approved as a leave recipient, does not guarantee that leave will be donated. Donor employees will designate the recipient of their leave.

PART I - APPLICATION AND CERTIFICATION (To be completed by the applicant or another employee on his or her behalf)

1. NAME OF RECIPIENT (Last, First, Middle Initial) Stephanie Moore		2. POSITION TITLE Program Tech	3. SOCIAL SECURITY NUMBER 085-44-7265
4. SERIES, GRADE OR PAY LEVEL CO-7-3	5. DUTY STATION 94-019	6. ORGANIZATIONAL TITLE (Agency, Division, Branch Section) USDA Farm Service Agency	
7. OFFICE ADDRESS 687 Pittstown Rd Suite 2 Frenchtown, NJ 08825		8. OFFICE TELEPHONE NO. 908-782-4614 x 2	9. HOME TELEPHONE NO. 908-534-4846
10. NAME OF TIMEKEEPER Stephanie Moore		11. TELEPHONE NO. OF TIMEKEEPER 908-782-4614	12. OFFICE ADDRESS OF TIMEKEEPER 687 Pittstown Rd Suite 2 Frenchtown, NJ 08825
13. TAA CONTACT POINT NO.		14. ANTICIPATED OR ACTUAL DURATION OF MEDICAL EMERGENCY (If known) Beginning Date: 08-26-02 Ending Date: Unknown	15. DATES LEAVE EXHAUSTED Annual: 05/18/03 Sick (if applicable): 16. AMOUNT OF DONATED LEAVE REQUESTED (in 5 days or months) Unknown
17. PLEASE INDICATE HOW YOU PREFER THE ANNUAL LEAVE DONATED TO BE APPLIED BY NUMBERING THE FOLLOWING IN ORDER OF YOUR PREFERENCE. (Donated annual leave may be applied to retroactively replace leave without pay and/or advanced sick or annual leave in connection with this medical emergency.) 1 For current use 2 against advanced annual leave 3 against advanced sick leave 4 against LWOP			18. PLEASE INDICATE THE PAY PERIOD DONATED ANNUAL LEAVE MAY BE RETROACTIVELY APPLIED 10

18. I agree to have my (please specify)

published for the purpose of receiving donations. If I agree to have my circumstances published, the following 5 lines or less describing my medical emergency will be published exactly as I write it and will be published exactly as I write made available to employees of my agency who wish to make donations to me.

Stephanie Moore's husband has been diagnosed with Stage 4 melanoma that started in his lymph nodes and has spread to his groin, chest and brain. He has undergone surgery, during which he had a heart attack. And he is still undergoing radiation on his brain. And surgery on his chest wall. Mr. Moore has been told that he is terminal. Stephanie Moore has exhausted all her leave with Doctor appointments to the Cancer Institute of New Jersey and Robert Wood Johnson University Hospital.

CERTIFICATION

I certify that (1) I have been affected by the medical emergency described in the attachment since the date indicated above, (2) I have or will have exhausted all annual leave and any available sick leave that could otherwise be used as of date indicated above, and (3) expect to be absent from duty without paid leave at least 80 hours because of this medical emergency. I further certify that I am not receiving unemployment benefits or workers' compensation benefits in connection with this medical emergency for which I am requesting transferred annual leave.

SIGNATURE OF RECIPIENT OR HIS OR HER DESIGNEE (please specify):

☒ Recipient
☐ Designee

DATE

5/23/03

CONCURRENCE: SIGNATURE OF SUPERVISOR

TITLE

**SEO FOR
LEB-00**

OFFICE TELEPHONE NO.

**609-295-
3446**

DATE

PART II - AGENCY REVIEW AND APPROVAL

1. CURRENT ANNUAL LEAVE BALANCE (in hours)	2. CURRENT SICK LEAVE BALANCE (in hours)	3. LWOP HOURS USED IN CONJUNCTION WITH THIS EMERGENCY	4. ADVANCED SICK LEAVE HOURS TO DATE	5. ADVANCED ANNUAL LEAVE HOURS TO DATE	6. ANNUAL LEAVE CATEGORY PER PAY PERIOD
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APPLICATION APPROVED:

☒ Yes (If Yes, transferred leave may be credited to the recipient's account effective Pay Period Number):☐ No (state reason for disapproval):

SIGNATURE OF APPROVING OR DISAPPROVING OFFICIAL

TITLE

SEO

OFFICE TELEPHONE NO.

DATE

LEAVE TRANSFER PROGRAM - DONOR APPLICATION

FOR PERSONNEL USE ONLY:
CASE NUMBER

INSTRUCTIONS: Use this form to request the transfer of earned annual leave to an approved leave recipient under P.L. 100-555. You may not transfer leave to your immediate supervisor. After completion, forward it to the office in your agency designated to approve leave donations.

PART I - COMPLETED BY DONOR

1. NAME OF DONOR (Last, First, Middle Initial)		2. POSITION TITLE	
3. SOCIAL SECURITY NUMBER	4. SERIES, GRADE, OR PAY LEVEL	5. ORGANIZATIONAL TITLE (Agency, Division, Branch, Section)	
6. OFFICE ADDRESS		7. OFFICE TELEPHONE NO.	
8. NAME OF TIMEKEEPER	9. TELEPHONE NO. OF TIMEKEEPER	10. OFFICE ADDRESS OF TIMEKEEPER	

INSTRUCTIONS: Please review the information below. You may not transfer more than 1/2 of the annual leave you will earn during this calendar year unless a waiver is approved. To request a waiver, you must attach a statement as to why your situation is unusual.

If you will be employed full-time by the federal government for the full calendar year, the limits are as follows:

- 52 hours for employees in the 4-hour leave earning category.
- 76 hours for employees in the 5-hour leave earning category, or
- 104 hours for employees in the 8-hour leave earning category.

If you are a part-time employee or if you will not be employed for the full calendar year, you may compute your transfer limit using the appropriate formula below:

- Limit for part-time employee = $13 \times$ Duty hours in Pay Period \times leave earning category
80
- Limit for part-year employee = Number of Pay Periods to be worked \times leave earning category
2

11. NUMBER OF HOURS OF ANNUAL LEAVE TO BE TRANSFERRED	12. NAME OF RECIPIENT Stephanie Moore	13. CASE NUMBER NJ-03-002	14. SOCIAL SECURITY NUMBER OF RECIPIENT (if known)
15. ORGANIZATIONAL LOCATION OF RECIPIENT (Agency, Division, Branch, Section) USDA FSA, NJ, Hunterdon/Somerset FSA Office		16. OFFICE ADDRESS OF RECIPIENT 687 Pittstown Road, Suite 2 Frenchtown, NJ 08825	
17. NAME OF LEAVE SHARE COORDINATOR Henri Ann Olsen	18. TELEPHONE NO. OF LEAVE SHARE COORDINATOR 609 298 3446x211	19. OFFICE ADDRESS OF LEAVE SHARE COORDINATOR 163 Route 130, Bldg 2, Ste B. Bordentown, NJ 08505	

CERTIFICATION OF VOLUNTARY DONATION: I certify that I am making this donation entirely of my own free will and that no attempt has been made to coerce me to donate annual leave. I understand that except for any leave unused by the recipient, I have no right under my circumstances (including a medical emergency of my own) to have any of the donated leave restored.

SIGNATURE OF DONOR

DATE

PART II - AGENCY REVIEW AND APPROVAL

1. CURRENT ANNUAL LEAVE BALANCE (in hours)	AS OF PAY PERIOD NUMBER	2. ANNUAL LEAVE CATEGORY PER PAY PERIOD
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APPLICATION APPROVED:

☐ YES (This application meets all criteria required for annual leave transfer by law, regulation and Department policy. Transferred leave may be credited to the recipient's account effective Pay Period Number: _____)

☐ NO (state reason for disapproval: _____)

SIGNATURE OF APPROVING OR DISAPPROVING OFFICIAL

TITLE

OFFICE TELEPHONE NO. DATE

PRIVACY ACT STATEMENT

§ U.S.C. 6311 authorizes collection of this information. Your social security number is requested solely for the purpose of positively identifying leave recipients so that donated leave can be deducted from the proper account. Although the disclosure of this information is voluntary, failure to furnish this information may result in disapproval of this application.

Electronic version designed using WordPerfect for Windows 8.0 (USDA-CFSA)

AD-1043
(Rev. 4/88)



United States
Department of
Agriculture

May 21, 2003

Farm and Foreign
Agricultural
Services

Farm Service Agency

Alabama State Office
P. O. Box 235013
Montgomery, AL
36123-5013

Tel: (334) 279-3500
Fax: (334) 279-3550

TO: Doug Frago
Director, EDSO

Danny F. Crawford

FROM: Danny F. Crawford, State Executive Director

SUBJECT: Leave Share Recipient - Betty G. Pate, AL-CO-03-002

The subject employee is currently an approved leave recipient under the Leave Transfer Program.

Ms. Pate had a melanoma removed from her back and a laminectomy of a tumor removed from her spine. Excision of tissue around the melanoma area and removal of lymph nodes were also done. She has some numbness in her legs which require her to take physical therapy.

We wish to assist Ms. Pate by providing this information to FSA County employees in other states. Please forward this memorandum along with the attached AD-1043 to all applicable states.

Your assistance in this matter will be greatly appreciated.

Attachment

LEAVE TRANSFER PROGRAM - DONOR APPLICATION

FOR PERSONNEL USE ONLY:
CASE NUMBER

INSTRUCTIONS: Use this form to request the transfer of earned annual leave to an approved leave recipient under P.L. 100-566. You may not transfer leave to your immediate supervisor. After completion, forward it to the office in your agency designated to approve leave donations.

PART I - COMPLETED BY DONOR

1. NAME OF DONOR (Last, First, Middle Initial)		2. POSITION TITLE
3. SOCIAL SECURITY NUMBER	4. SERIES, GRADE, OR PAY LEVEL	5. ORGANIZATIONAL TITLE (Agency, Division, Branch, Section)
6. OFFICE ADDRESS		7. OFFICE TELEPHONE NO.
8. NAME OF TIMEKEEPER	9. TELEPHONE NO. OF TIMEKEEPER	10. OFFICE ADDRESS OF TIMEKEEPER

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If you will be employed full-time by the federal government for the full calendar year, the limits are as follows:

- 52 hours for employees in the 4-hour leave earning category.
- 76 hours for employees in the 6-hour leave earning category, or
- 104 hours for employees in the 8-hour leave earning category.

If you are a part-time employee or if you will not be employed for the full calendar year, you may compute your transfer limit using the appropriate formula below:

- Limit for part-time employee = $13 \times \frac{\text{Duty hours in Pay Period}}{80}$ X leave earning category
- Limit for part-year employee = $\frac{\text{Number of Pay Periods to be worked}}{2}$ X leave earning category

11. NUMBER OF HOURS OF ANNUAL LEAVE TO BE TRANSFERRED	12. NAME OF RECIPIENT Betty G. Pate	13. CASE NUMBER AL-CD-03-002	14. SOCIAL SECURITY NUMBER OF RECIPIENT (if known) 421-60-5370
15. ORGANIZATIONAL LOCATION OF RECIPIENT (Agency, Division, Branch, Section) USDA, Farm Service Agency, Hale County		16. OFFICE ADDRESS OF RECIPIENT	
17. NAME OF LEAVE SHARE COORDINATOR Valerie Moses	18. TELEPHONE NO. OF LEAVE SHARE COORDINATOR (334) 279-3504	19. OFFICE ADDRESS OF LEAVE SHARE COORDINATOR P.O. Box 235013 Montgomery, AL 36123	

CERTIFICATION OF VOLUNTARY DONATION: I certify that I am making this donation entirely of my own free will and that no attempts have been made to coerce me to donate annual leave. I understand that except for any leave unused by the recipient, I have no right under my circumstances (including a medical emergency of my own) to have any of the donated leave restored.

SIGNATURE OF DONOR

DATE

PART II - AGENCY REVIEW AND APPROVAL

1. CURRENT ANNUAL LEAVE BALANCE (in hours)	AS OF PAY PERIOD NUMBER	2. ANNUAL LEAVE CATEGORY PER PAY PERIOD
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APPLICATION APPROVED:

☐ YES (This application meets all criteria required for annual leave transfer by law, regulation and Department policy. Transferred leave may be credited to the recipient's account effective Pay Period Number: _____)

☐ NO (State reason for disapproval: _____)

SIGNATURE OF APPROVING OR DISAPPROVING OFFICIAL

TITLE

OFFICE TELEPHONE NO. DATE

PRIVACY ACT STATEMENT

5 U.S.C. 552a authorizes collection of this information. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be deducted from the proper account. Although the disclosure of this information is voluntary, failure to furnish this information may result in disapproval of this application.

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AD-1043
(Rev. 4/89)